## Foster Family Home - Criteria Report

	ler ID: 1-12001 Name: Elmer P				
94-284 Loaa St.			Reviewer: David Ayling	Reviewer: David Auling	
Waipahu		HI 96797	Begin Date: 12/08/2017	End Date: 12   8   17	
Foster	6.(b)	Any person, agenc to provide, for a fee services for adults	cy, or organization that wants to operate	a home as a community care foster family home as, including personal care and homemaker eds and are not related to the person providing artment.	
***************************************	6.(d)		community care foster family home, a p		
	6.(d)(1)	Comply with all app	olicable requirements in this chapter; and		
V	6.(d)(2)  Not have had a previous license or certificate to provide social or health care services that was revoked within twelve months of the current application for a certificate of approval, except that this restriction shall not apply if the revocation was successfully appealed.				
Comme	nt: Home visit 2 year 3 cli	for 3 person CCFFH ment certification.	nade on 12/08/17. Home is in compliand	ce with all requirements. Home will receive a	
	Comp	OAA /	Ayleng m	12/8/17 Date 12/8/17	

Date

Primary Care Giver